MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

0726 283

Reg. Dist. No. 283

1. PLACE OF DEATH:
County: St. Marys
City or town: Helen (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 64 years
Hospital, institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: St. Marys
City or town: Helen Md. Rural (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Ignatius Barnes

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 14 - 1882

8. AGE:

Years	Months	Days	If less than one day
64	4	26	..... hrs. ..... min.

9. Birthplace: Helen, St Marys Md (Town, county, and state)
10. Usual occupation: at home
11. Industry or business: —

FATHER
12. Name: Charley A Barnes
13. Birthplace: Md

MOTHER
14. Maiden name: Margaret A Thomas
15. Birthplace: Md

16. Informant: Jamey F. Barnes
Address: Helen. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 12 - 1946 (month) (day) (year)
Cemetery or crematory: St Josephs
Location: Morganza, Md
18. Funeral director: W. O'Gallaghy Brothers
Address: Leonardtown, Md

19. 7/16/1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 10 1946, at 11 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 26 1946, to July 1946
and that I last saw h alive on Feb 26 - 1946

	DURATION
Immediate cause of death: Cerebral Hemorrhage	3
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: L. B. Johnson M. D. or other
Address: Morganza, Md Date signed: July 10 - 46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

07265

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
County St Mary's
City or town Leonardtown, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
St Marys Hospital, Leonardtown
How long in hospital or ~~institution~~? Twelve Hours.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland. County St Mary's
City or town Rural.
(If outside city or town limits, write RURAL and give nearest town)
Street No. Chaptico, Md.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Mary Pauline Briscoe

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Single

8.(b) Name of husband or wife
8.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1944

8. AGE: Years 1 | Months 7 | Days | If less than one day hrs. min.

9. Birthplace St. Mary's Co. Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name John Frank Briscoe
13. Birthplace Maryland.

MOTHER 14. Maiden name Pauline — Mary Dabbins
15. Birthplace Maryland.

16. Informant John Frank Briscoe
Address Chaptico, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 28 1946 (month) (day) (year)

Cemetery or crematory Cemetary
Location St. Joseph's Monastery -

18. Funeral director Rose & Welch.
Address Chaptico

19. 7/27 (Date rec'd by registrar) 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1946, at 12:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 25 1946, to July 1946
and that I last saw h[illegible] alive on July 26 1946

Immediate cause of death	DURATION
Acute Bronchial Pneumonia (Virus)	7/27/46
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Data of op.
Autopsy results None done
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Aloysius C. Welch M.D.
M. D. or other
Address Chaptico, Md Date signed 7/27/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

07266

CERTIFICATE OF DEATH

Reg. Dist. No. 2-6

1. PLACE OF DEATH:

County: St. Mary's

City or town: Rural about

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all his life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: St. Mary's

City or town: Rural about

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Paul Bernard Butler

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): 4-5-43

8. AGE:

Years	Months	Days	If less than one day
3	3	21	..... hrs. ..... min.

9. Birthplace: about Md

(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER — 12. Name: Rev. Nathaniel Butler

13. Birthplace: Palmyra Mo

MOTHER — 14. Maiden name: Sadie Mary Carr

15. Birthplace: Wash DC

16. Informant: Parent Butler

Address: about Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 4-30-46 (month) (day) (year)

Cemetery or crematory: Sacred Heart

Location: Bushwood Md

18. Funeral director: Rose E. Wade

Address: Cleopatra Md.

19. 7-30-1946 (Date rec'd by registrar) M. V. Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7-29-1946, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — to — 19..

and that I last saw h... alive on 7-29-1946

Immediate cause of death	DURATION
Drowning accidental	
Due to: Fall from row boat	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Robert V Palmer M. D. or other

Address: about Md. Date signed: 7-30-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-2)

CERTIFICATE OF DEATH

017267

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's

City or town Leonardtown Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
St. Mary's Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town Hollywood
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME George Webster Evans

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	widowed

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27- 1874

8. AGE: Years 72 | Months | Days | If less than one day hrs. min.

9. Birthplace Hollywood Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name John S. Evans

13. Birthplace Maryland

MOTHER 14. Maiden name Rebecca Stone

15. Birthplace Maryland

16. Informant Geo. A. Evans

Address Mechanicsville Md.

17. Burial (Burial, cremation, or removal (which?)) Date thereof July 4, 1946 (month) (day) (year)

Cemetery or crematory St. Johns

Location Hollywood, Md.

18. Funeral director J. B. Robinson

Address Leonardtown, Md.

19. 7-3 1946 Comalico Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1946 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 18 1946 to July 1 1946 and that I last saw him alive on July 1, 1946

	DURATION
Immediate cause of death Carcinomatosis peritonei	1 mo.
Due to Carcinoma of the caecum	1 year
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Carcinomatosis peritonei from carcinoma of caecum Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Julian S. Lane M.D.
M. D. or other

Address Leonardtown Md. Date signed 7/3/46

VS/A15 9-45-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

017265

Reg. Dist. No. 282

1. PLACE OF DEATH:
County: St. Marys
City or town: Armory Rd Colton Pt.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Visitor
Hospital, Institution, or street address where death occurred: Potomac River
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: Md. County: —
City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 1642 — 18th St NW. Md
(If rural, give LOCATION)
2.(a) If veteran, name war: (5)

3.(a) FULL NAME: Herman Green

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Col	Married

6.(b) Name of husband or wife: Emmanuel F. Green
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 1895

8. AGE: Years: 51 | Months: — | Days: — | If less than one day: ..... hrs. ..... min.

8. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Guard (U. S. Navy)
11. Industry or business:
FATHER 12. Name: Plato H. Green
13. Birthplace: Washington D.C.
MOTHER 14. Maiden name: Evelina Foote
15. Birthplace: Virginia
16. Informant: Handy Graves
Address: 1900 L 15th St NW Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7/23/46 (month) (day) (year)
Cemetery or crematory: Lincoln Memorial
Location: Fairview Geo. Co. Md.
18. Funeral director: Malvaux & Sickey
Address: 424 R. St. NW. Wash. D.C.
19. July 24 46 (Date rec'd by registrar) Connally Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7-19th 1946 at 4C M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Same Deceased 7-21st 1946
and that I last saw h— alive on ..... 19.....

Immediate cause of death	DURATION
Hemorrhage	
Due to: Accident	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 7-19-46
Where did injury occur? Potomac River St Marys Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Potomac R. off Harris Bch
Means of injury: ..... Injured at work? Fishing Boy

23. SIGNATURE: Francis J Greenwell Jr M. D. or other
Address: Leonardtown Md Date signed: 7-21-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

07269

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:
County St. Mary's
City or town Ridge Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County St. Mary's
City or town Ridge Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. c
(If rural, give LOCATION)
2.(a) If veteran, name war c

3.(a) FULL NAME Lottie Grinnell

3.(b) Social Security Number c

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	married

6.(b) Name of husband ~~or wife~~ James A. Grinnell
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1864

8. AGE: Years	Months	Days	If less than one day
81	11	16	..... hrs. ..... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name John Biscoe
13. Birthplace Maryland

MOTHER
14. Maiden name Unknown
15. Birthplace " "

16. Informant James A. Grinnell
Address Ridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/31/46 (month) (day) (year)
Cemetery or crematory St. Peters
Location Ridge Md.

18. Funeral director C. B. Robinson
Address Leonardtown, Md.

19. 7-29-46 (Date rec'd by registrar) p.p. Beany Mtc. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1946 at 7:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 28 1946 to July 28 1946 and that I last saw her alive on July 28 1946

Immediate cause of death	DURATION
Cerebral hemorrhage	3 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE p.p. Beany Mtc. M. D. or other
Address Great Mills Md Date signed 7-29-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48)

CERTIFICATE OF DEATH

017270

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St. Mary's

City or town Park Hall

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys

City or town Park Hall, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME James Washington Haddock

3.(b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife: Gertrude Haddock

6.(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): Sept. 15, 1875

8. AGE: Years: 70 | Months: 9 | Days: 28 | If less than one day: hrs. min.

9. Birthplace: Winston, Va. (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER 12. Name: Wm. Haddock

13. Birthplace: Va.

MOTHER 14. Maiden name: Mary Smith

15. Birthplace: Va.

16. Informant: Gertrude Haddock

Address: Park Hall Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-15-46 (month) (day) (year)

Cemetery or crematory: Holy Face

Location: Great Mills Md

18. Funeral director: P. B. Robinson

Address: Leonardtown Md

19. 7-13-1946 (Date rec'd by registrar) P. J. Beary M.D. Local registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 13 1946 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 8 1946, to July 13 1946 and that I last saw him alive on July 12 1946

	DURATION
Immediate cause of death	
Coronary sclerosis	5 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. J. Beary, M.D. M. D. or other

Address Great Mills, Md. Date signed 7-13-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

07271

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (41)

CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:
County: St Marys
City or town: Leonardstown Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 Days
Hospital, institution, or street address where death occurred: St Marys Hospital
How long in hospital or institution? 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: St Marys
City or town: Helen
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: John Woodley Morgan

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Mary M Morgan
6.(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): Feb 16 - 1883

8. AGE: Years	Months	Days	If less than one day
63	4	24	hrs. min.

9. Birthplace: Chaptico St Mary's Maryland (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Farming

FATHER
12. Name: Thomas B Morgan
13. Birthplace: St Marys Co

MOTHER
14. Maiden name:
15. Birthplace:

16. Informant: Johnson Morgan
Address: Helen Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof July 12-1946 (month) (day) (year)
Cemetery or crematory: St Joseph Cemetery
Location: Morganza Md
18. Funeral director: W C Mattingley
Address: Leonardtown Md

19. 7/11/46 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 10 19 46, at 3.15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 43 to July 10 19 46 and that I last saw him alive on Feb 12 19 46

Immediate cause of death	DURATION
Cardio-Renal Vascular Disease	
Due to: Diabetis Mellitus	
Due to:	
Other conditions: uro	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results: None done
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Clayton C Welch M. D. or other '46
Address: Chaptico Md Date signed: May 10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (17)

CERTIFICATE OF DEATH

117272

Reg. Dist. No. 287

1. PLACE OF DEATH:
County St Marys
City or town Holly Wood Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County St Marys
City or town Holly Wood
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Vincent A. Wise

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Mary I Wise
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 5 1877

8. AGE: Years 69 Months 6 Days 26 If less than one day hrs. min.

9. Birthplace Holly Wood St Marys Maryland
(Town, county, and state)
10. Usual occupation Merchant
11. Industry or business

FATHER
12. Name John B. Wise
13. Birthplace St Marys Co

MOTHER
14. Maiden name Mary S. Martin
15. Birthplace St Marys Co

16. Informant Mrs Mary D. Wise
Address Holly Wood Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 2 1946 (month) (day) (year)
Cemetery or crematory St Johns Cemetery
Location Holly Wood Md

18. Funeral director W. C. Matthews & Bro
Address Holly Wood Md

19. 8/1/46 Caroline Co
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1946 at 3.40 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 46 to July 31 46 and that I last saw h alive on June 30 1946

Immediate cause of death	DURATION
Arterio-sclerosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Vincent A. Caroline M. D. or other
Address Denaedon Date signed 8/1/46

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15